

**DEPARTMENT OF PERSONNEL ADMINISTRATION
BENEFITS DIVISION**

COBRA Group Continuation Coverage
Dental Plan Monthly Premiums Effective January 1, 2009

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$53.27	\$106.66	\$150.57
	Basic	Rank and File employees	\$51.15	\$90.69	\$131.92
	Basic	Eligible dependents of Rank and File employees	\$43.66	\$66.16	\$87.00
	PPO	Excluded & Rank and File employees and their eligible dependents	\$43.46	\$85.92	\$130.03
SafeGuard 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$16.19	\$26.21	\$36.72
	Enhanced	Excluded employees and their eligible dependents	\$15.83	\$26.80	\$33.01
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.